



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

November 10, 2014

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

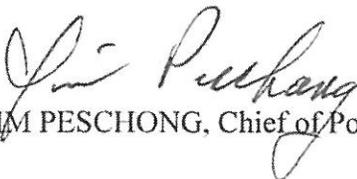
An investigation has been made regarding the application of Holt Enterprises LLC, DBA Paul's Pub, 5250 Cornhusker Hwy, requesting a class C-110664 liquor license.

The president of Holt Enterprises LLC, Paul Holt, has requested that he be approved as the manager of the liquor license.

Mr. Holt has not yet completed the required management training.

No areas of concern were found.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION
1 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

NOISSIMMOJ TORINOC NEBRASKA LIQUOR CONTROL COMMISSION OCT 27 2014 RECEIVED		
QA	Repl 101258	
Class Type C	110664	Initial RS

Applicant name Holt enterprises
 Trade name Paul's Pub
 Previous trade name Luckies
 Contact email address Holtpb@gmail.com 360-689-6491
(cell)

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office. See fingerprint brochure

2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

<p style="text-align: center; font-size: small;">Office use only</p> PAYMENT TYPE <u>CK 3313</u> AMOUNT: <u>\$400</u> RECEIPT # <u>168169</u> Received: <u>mm</u>	 1400024729
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**APPLICATION FOR TEMPORARY
OPERATING PERMIT (TOP)**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814

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- Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.
- Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.
- TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).
- Seller's liquor license will terminate upon issuance of the TOP.
- If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.

NAME OF CURRENT LICENSEE (SELLER):

SELLER'S LICENSE #:

BBQ LUCK, LLC

On (date) seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

LUCKIES

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.



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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

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RETAIL LICENSE(S)

Submit \$400 Non Refundable Application Fee

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

LICENSE YEAR

← Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING
(CHECK ONLY ONE)**

- Individual License (requires insert form 1- form number 104)
- Partnership License (requires insert form 2- form number 105)
- Corporate License (requires insert form 3a & 3c- form number 101 and 103)
- Limited Liability Company (LLC) (requires form 3b & 3c- form number 102 and 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name _____ Phone number: _____

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) Paul's Pub

Street Address #1 6250 Cornhusker Hwy

Street Address #2 _____

City Lincoln County Lincoln Zip Code 68504

Premise Telephone number 402-465-3174

Business e-mail address holtpb@gmail.com

Is this location inside the city/village corporate limits: YES

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Mailing address (where you want to receive mail from the Commission)

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Name Paul's Pub **NEBRASKA LIQUOR**

Street Address #1 5250 Cornhusker Hwy **CONTROL COMMISSION**

Street Address #2 _____

City Lincoln State NE Zip Code 68601

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. **No blue prints please.** Be sure to indicate the direction north and **number of floors** of the building.

****For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length _____ x width _____ in feet

Is there a basement to be licensed? Yes ___ No ___ If yes, length ___ x width ___ in feet

Is there an outdoor area? Yes ___ No ___ If yes, length ___ x width ___ in feet

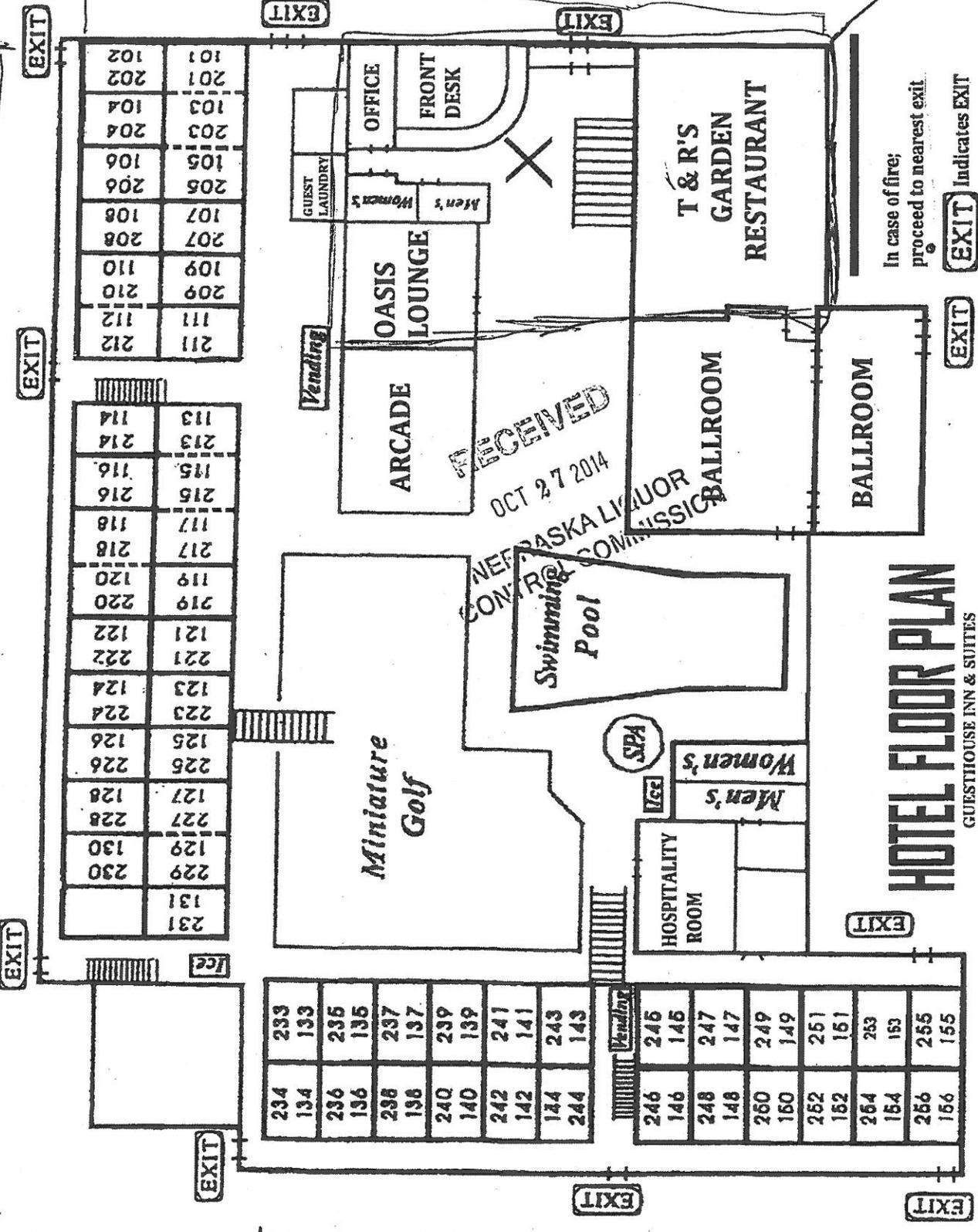
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See Attached

X: 192 ft

X: 178 ft

Basement party rooms:



211	212
111	112
209	210
109	110
207	208
107	108
205	206
105	106
203	204
103	104
201	202
101	102

231	230
131	130
229	228
129	128
225	226
125	126
223	224
123	124
221	222
121	122
219	220
119	120
217	218
117	118
215	216
115	116
213	214
113	114

234	233
134	133
236	235
136	135
238	237
138	137
240	239
140	139
242	241
142	141
244	243
144	143

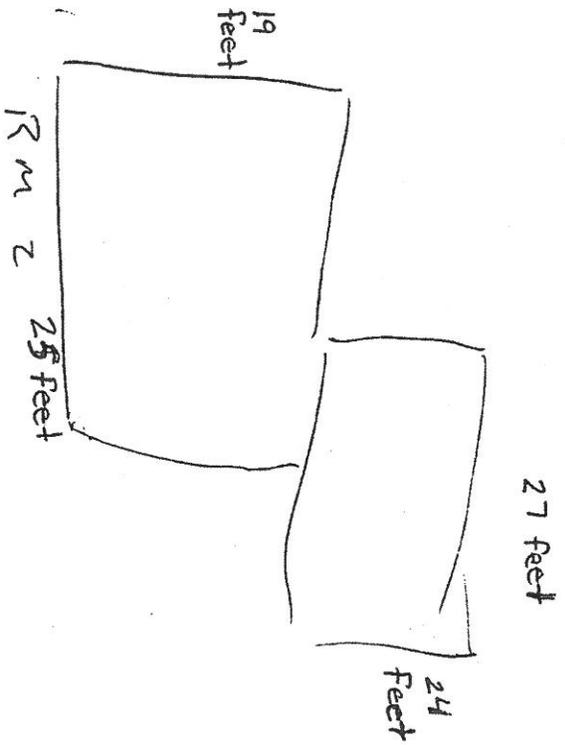
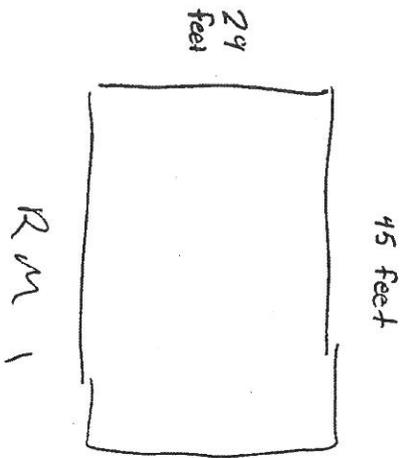
246	245
146	145
248	247
148	147
250	249
150	149
252	251
152	151
254	253
154	153
256	255
156	155

HOTEL FLOOR PLAN

GUESTHOUSE INN & SUITES
5250 CORNHUSKER HWY
LINCOLN, NE 68504
PHONE: 402-464-3171
FAX: 402-464-7439

"Will cover entire Building"

X: 193



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. Include traffic violations. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

YES NO
 If yes, please explain below or attach a separate page

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Paul Holt			traffic violations	

2. Are you buying the business of a current retail liquor license?

YES NO

If yes, give name of business and liquor license number Luckies #101258
 a) Submit a copy of the sales agreement
 b) Include a list of alcohol being purchased, list the name brand, container size and how many
 c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number Luckies

4. Are you filing a temporary operating permit to operate during the application process?

YES NO

If yes:
 a) Attach temporary operating permit (TOP) (form 125)
 b) TOP will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, including family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES NO

If yes, explain. (All involved persons must be disclosed on application)

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No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such item(s) and the owner. _____

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CONTROL COMMISSION

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. §53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Wells Fargo: Paul Holt

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

NO

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12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c *NONE*
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- Lease: expiration date _____
- Deed
- Purchase Agreement

14. When do you intend to open for business? 01 NOV 15 2014

15. What will be the main nature of business? Bar and Pizza for Hotel guests.

16. What are the anticipated hours of operation? Restaurant: 24/7 Bar: 6-2am

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Columbus, NE	2013	2014	Columbus, NE	2013	2014
Seward, NE	2012	2013	Seward, NE	2008	2013
LINCOLN, NE	2010	2012	Auburn, IA	1989	2008
Brewster, WA	2008	2010			
GOOSE CREEK, SC	2006	2008			
Socorro, NM	1997	2006			

If necessary attach a separate sheet.

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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- All members including spouse(s), are required to adhere to the following requirements:
- 1) All members spouse(s) must be listed
 - 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
 - 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Paul Bryant Holt II

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Holt Enterprises LLC 010180929

LLC Address: 5250 Cornhusker Hwy

City: Lincoln State: NE Zip Code: 68504

LLC Phone Number: 402-465-3171 LLC Fax Number: 402-465-5677

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Holt First Name: Paul MI: B

Home Address: 1659 12th Ave City: Columbus

State: NE Zip Code: 68601 Home Phone Number: 360-689-6491


Signature of Managing/Contact Member

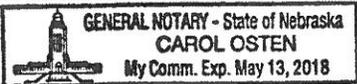
ACKNOWLEDGEMENT

State of Nebraska
County of Platte

27th of October, 2014
Date

Carol Osten

The foregoing instrument was acknowledged before me this
by Paul Bryant Holt II
name of person acknowledge

Affix Seal


List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Holt First Name: Paul MI: B
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Stacey Rae Holt
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 100%

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

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CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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**NEBRASKA LIQUOR
CONTROL COMMISSION**

MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Holt Enterprises

Premise information

Liquor License Number: _____ Class Type _____
(if new application leave blank)

Premise Trade Name/DBA: Paul's BAR

Premise Street Address: 5250 Cornhusker Hwy

City: Lincoln County: Lancaster Zip Code: 68504

Premise Phone Number: 402-465-3171

Email address: holtpb@gmail.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Holt First Name: Paul MI: B
 Home Address (include PO Box if applicable): 1659 12th Ave
 City: Columbus County: Platte Zip Code: 68601
 Home Phone Number: 360-689-6491 Business Phone Number: 402-465-3171
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Socorro, NM
 Email address: holtpb@gmail.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted) **RECEIVED**

YES

NO

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NEBRASKA LIQUOR

Spouse's information

CONTROL COMMISSION

Spouses Last Name: Holt First Name: Stacey MI: B
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Lake City, IA

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT		SPOUSE			
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Columbus NE	2013	2014	Seward, NE	2008	2013
Seward NE	2012	2013	Auburn, IA	1989	2008
Lincoln NE	2010	2012			
Bremerton WA	2008	2010			
Good creek, SC	2006	2008			
Socorro, NM	1997	2006			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2006	2013	US NAVY	Anthony Ortiz Kevin Smith	843-670-5131
2012	2013	Pizza Hut	Chad Bockelman	402 318 4053

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If ~~more than one party~~ **RECEIVED**, please list charges by each individual's name.

YES NO

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES NO

IF YES, list the name of the premise(s):

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

YES NO

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

NONE

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
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*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

YES

NO

Paid at State Patrol

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Stacey R. Holt
Signature of spouse asking for waiver
(Spouse of individual listed below)

Stacey R. Holt
Printed name of spouse asking for waiver

State of Nebraska

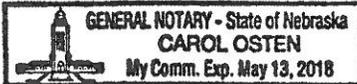
County of Platte

27th of October, 2014
date

The foregoing instrument was acknowledged before me this

by Stacey R. Holt
name of person acknowledged

Carol Osten
Notary Public signature

Affix Seal


I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]
Signature of individual involved with application
(Spouse of individual listed above)

Paul Bryant Holt II
Printed name of applying individual

State of Nebraska

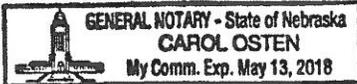
County of Platte

27th of October, 2014
date

The foregoing instrument was acknowledged before me this

by Paul Bryant Holt II
name of person acknowledged

Carol Osten
Notary Public signature

Affix Seal


In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.